en e				V
1. County of Graham	ARIZON	A STATE BOAR	RD OF HEAL	лн _{э /} -
District of Sofford		TAL STATISTICS FICATE OF BIRTH	State Index No	140
i	No	ospital or institution, give it	St	yet named, make
2. Full name of child			7 Supplemental 1	
3. Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or oth 5. No., in order of bis	7.	Date of birth Month	day year
FATHER Full name	tur Ditmor	14. Full maiden name	MOTHER Burne	Ite.
9. Residence (Usual place of abode)	fford.	15. Residence (Usual place of about 1f nonresident, give place)	UU	oul.
16. Color or race	irthday 33 (Years)	16. Color or race	7. Age at last birthda;	29 (Team)
12. Birthplace (city or place) Music (State or country)	thy .	18. Birthplace (city or pl (State or country)	marth	rfly Carolina
13. Occupation Nature of industry	J.	19. Occupation Nature of industry	house	bi
20. Number of children of this mother (a) (Taken as of time of birth of child herein (b) certified and including this child.)	Bern alive and now in Bern alive but now distillers		recautions taken again neonatorum?	rt oph-
	this child who was "		WIFE*	inte above stated.
*When there was no attending physician of midwife, then the father, householder, etc. should make this return. A stillhorn chil- is one that neither breathes nor shows othe	Signature	Callond	(Physician on midy	vite)
levidences of life after birth. Fiven name added from supplemental report Month, day, year.		ang 3 1,23 ,	Hallie W.	tehence himself
Registrar.		23	County	y Registrar.

WRITE PLAINLY WITH UNFADING INK-THE 18 A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

In order of birth stated.